

# FAMILY PLANNING

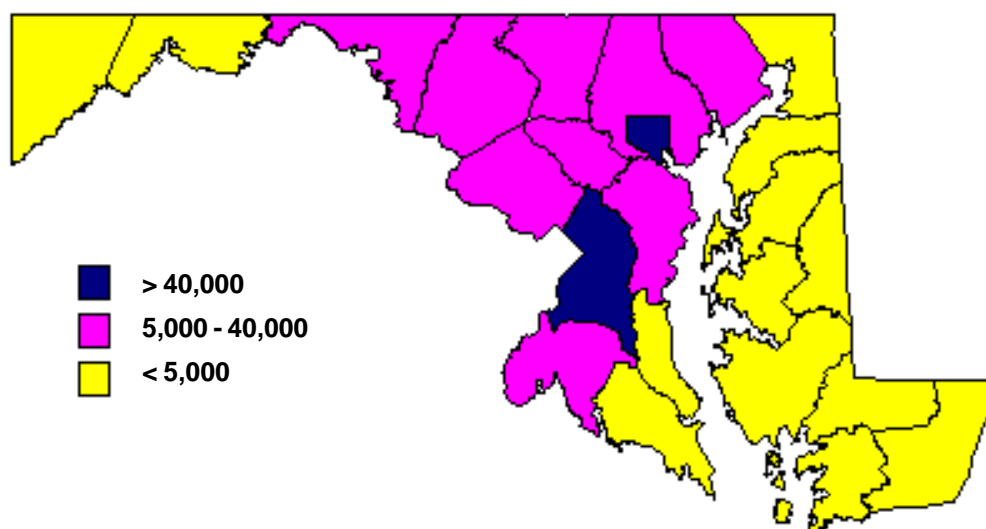
## The Issue

*Unintended pregnancies, which are likely to have a variety of adverse health and socioeconomic consequences, are the chief indicators of a breakdown in family planning. In Maryland, there is evidence of gaps in service and coverage for these critically needed reproductive health resources.*

Family planning is the process of establishing the preferred number and spacing of one's children, selecting the means to achieve these goals, and effectively using that means. Intended pregnancy is a pregnancy that a woman states was wanted at the time of conception.

It is estimated that 49% of pregnancies in the U.S. are unintended. Pregnancies that are not intended run a higher risk of adverse consequences for women including pregnancy termination, reduced educational achievement and employment opportunity, and increased welfare dependency. Unintended pregnancy contributes to health care costs regardless of the outcome. Medically, unintended pregnancies have an increased likelihood of infant and maternal morbidity and mortality. Infants born to teenage mothers, especially mothers under 15 years of age who have the highest likelihood of unintended pregnancy, are more likely to suffer from low birth weight, neonatal mortality, and sudden infant death syndrome. They also may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages of life.

**Number of Women in Need of Publicly-Supported  
Family Planning Services, Maryland, 1995**



**Source:** Women in Need, 1995, The Alan Guttmacher Institute  
**Note:** Total 257,430

In Maryland, there is evidence that the number of unintended pregnancies has declined over the last decade. From 1993 to 1997, there has been a decrease in the birth rates throughout the State and in Baltimore City. However, there still remain gaps in service and coverage for family planning. Also, among people covered by private insurance, family planning and contraceptive services are frequently not included as a benefit or may require deductibles or copayments.

### **Topics, by jurisdiction, included in the Health Improvement Plan**

**Statewide** - *Promoting Pregnancy Intendedness and Family Planning in Maryland*  
**Calvert County** - *Promoting Adolescent Health*

### **Priority focus in other jurisdictions**

*Family Planning* is also identified as a priority area for FY2000 in:  
Allegany County • Dorchester County

### **Highlights of HIP strategies recommended to promote family planning**

*(for in-depth details, see the complete text of each state and county module)*

- Increase the proportion of intended pregnancies in Maryland. (**State**)
- Increase the proportion of Maryland females at risk of unintended pregnancy (and their partners) who use contraception. (**State**)
- Reduce the percentage of births to adolescents under 18 years of age. (**Calvert County**)
- Promote healthy lifestyle choices for boys and girls for nutrition, physical activity, and educational priorities, in addition to psycho-social behaviors. (**Calvert County**)

### **Statewide Partners**

Baltimore Community Foundation • Center for Maternal and Child Health, DHMH • Johns Hopkins University, School of Hygiene and Public Health • Maryland Community Health Centers • Maryland Local Health Departments • Maryland Primary Care Services, DHMH • Pfizer, Inc. • Planned Parenthood of Maryland, Inc.